

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2010 OCT 18 AM 9:32

COMMITTEE NAME (Must be same as on Statement of Organization)

McLartney For Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Ron McLartney

Political Party (if applicable)

Rep

Office Sought

Chayton County Supervisor

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature]

SIGNATURE OF PERSON FILING REPORT

563-423-5998

TELEPHONE

10/15/10

DATE SIGNED

I AM FILING A 10/14/10 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

130.09

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,050.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

4,180.09

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,150.48

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

2,029.61

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

766.70

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

1,250.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCartney For Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/29/10	ID# CK#	Steve Nicklaus 3694 240 th ST. Clear Lake, IA 50428		\$ 50 ⁻	<input type="checkbox"/>
7/29/10	ID# CK#	Robert McCartney 9843 Woodland Rd Pittsburgh, PA 15237	Father	300 ⁻	<input type="checkbox"/>
7/29/10	ID# CK#	Jillian Walther 30844 215 th ST. Barnaville, IA 52049		25 ⁻	<input type="checkbox"/>
7/29/10	ID# CK#	Elmer Marting 504 S Egbert Monona, IA 52159		50 ⁻	<input type="checkbox"/>
7/30/10	ID# CK#	Heidi Hilgersen 17325 Bluebird Ave Elgin, IA 52141		50 ⁻	<input type="checkbox"/>
7/30/10	ID# CK#	Ver Dean Radloff 412 Wilson St. Postrville, IA 52162		50 ⁻	<input type="checkbox"/>
7/30/10	ID# CK#	Gary Brown 16647 Canoe Rd Strawberry Point, IA 52076		25 ⁻	<input type="checkbox"/>
7/31/10	ID# CK#	Terry Szabo 12400 Hwy 18 Postrville, IA 52162		100 ⁻	<input type="checkbox"/>
7/31/10	ID# CK#	Denise Nelson 27957 Harding Rd Clermont, IA 52135		150 ⁻	<input type="checkbox"/>
7/31/10	ID# CK#	Mary Olson 11858 Apple Rd Postrville, IA 52162		50 ⁻	<input type="checkbox"/>

SUB-TOTAL

\$ 850⁻

TOTAL (if last page of this schedule)

\$

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Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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McLartney For Supervisor

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8/1/10	ID# CK#	Linda Zvercher 12857 Apricot Rd Postville, IA 52162		\$ 50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Les Klink 30953 Littleport Rd Elkader, IA 52043		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Brian Harbaugh 16710 Gunder Rd Postville, IA 52162		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Tim Burrack 8405 80th St Arlington, IA 50606		100 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	JoAnne Schneider 16736 Gunder Rd Postville, IA 52162		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	James Fuhrman 28028 Bluebird Ave Volga, IA 52077		100 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Linda Davis 16719 115th St. Luana, IA 52156		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Leon Dibble 14698 Gunder Rd Postville, IA 52162		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Richard Bente 16182 165th St. Luana, IA 52156		25 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Clyde Thompson 15543 McGregor Hwy 52 McGregor, IA 52157		50 ⁻	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 575⁻

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McLartney For Supervisor

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8/1/10	ID# CK#	Kenneth Blackhus 23357 A Ave Elgin, IA 52141		\$ 100 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Luke Cline 18784 Bixby Ave Elgin, IA 52141		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Dennis Keppler 19035 Depot Rd St Olaf, IA 52072		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Susan Griffin 11746 120th St Postrville, IA 52162		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Kim Dummermuth 3587 Diamond Rd Elgin, IA 52141		100 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Gary Kregel 30342 Barber Rd Guttenberg, IA 52052		250 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Lynn Coffin 11269 Agate Rd Elgin, IA 52141		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Brian Meyer 14258 Greenfield Ave Monona, IA 52159		350 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Gwen Foels 12673 160th St Postrville, IA 52162		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Anne Osmondson 11663 Bell Rd Volga, IA 52077		300 ⁻	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1350⁻

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

McLartney For Supervisor

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8/1/10	ID# CK#	Sue Meyer 22804 Hwy 13 St Olaf, IA 52072		\$ 50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Neil Meyer 507 W Center St. Monona, IA 52159		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Robert Walke 30836 318th St Guttenberg, IA 52052		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	John Finley 814 Carter St. Elkader, IA 52043		100 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Lyn Berg Box 72 St Olaf, IA 52072		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Gwen Eilers 18025 Eagle Ave Luana, IA 52156		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Judy Burrack 14557 Glider Rd Monona, IA 52159		100 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Betty Urlaub PO Box 401 Garnaville, IA 52049		25 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Suzanne Shirbourn 17724 Hwy 52 Farmersburg, IA 52047		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Naomi Klinge 508 S Monroe St. Garnaville, IA 52049		25 ⁻	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 530 ⁻	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

McCartney For Supervisor

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8/1/10	ID# CK#	Keith Hanson 16891 Empire Rd Wadena, IA 52169		\$ 50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Russell Leuck 14544 Agate Rd Elgin, IA 52141		50 ⁻	<input checked="" type="checkbox"/>
8/1/10	ID# CK#	Kathryn Reimer 25478 Ironwood Rd Guttenberg, IA 52052		50 ⁻	<input checked="" type="checkbox"/>
8/16/10	ID# CK#	Ted Hughes 672 Williams Creek Postville, IA 52162		50 ⁻	<input type="checkbox"/>
8/16/10	ID# CK#	Venessa Rose 17743 Birby Ave Elgin, IA 52141		25 ⁻	<input type="checkbox"/>
8/16/10	ID# CK#	Eriz Meyer 13162 Concord Ave Postville, IA 52162		50 ⁻	<input type="checkbox"/>
8/17/10	ID# CK#	Carol Wettleson 16996 bunder Rd Postville, IA 52162		100 ⁻	<input type="checkbox"/>
8/17/10	ID# CK#	Scott Pollock 23929 Aspen Ave Volga, IA 52077		50 ⁻	<input type="checkbox"/>
8/17/10	ID# CK#	Margaret Perrinjaquet P.O. Box 400 Edgewood, IA 52042		50 ⁻	<input type="checkbox"/>
9/24/10	ID# CK#	Kyle Pattison 1101 E Cass St Prairie du Chien, WI 53821		200 ⁻	<input type="checkbox"/>

SUB-TOTAL

\$ 675⁻

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCartney For Supervisor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/4/10	ID# CK#	David Larson 18004 A Ave Elgin, IA 52141		\$ 50-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 50-

TOTAL (If last page of this schedule)

\$ 4,050-

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCartney For Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/1/10	ID# CK#	<i>Rusty's Screen Printing 11221 Hwy 56 Elgin, IA 52141</i>	<i>T-Shirts</i>	<i>\$ 149⁸⁰</i>
8/23/10	ID# CK#	<i>Heritage Printing 115 Gunder Rd Elkader, IA 52043</i>	<i>Business Cards</i>	<i>95²³</i>
9/9/10	ID# CK#	<i>Heritage Printing 115 Gunder Rd Elkader, IA 52043</i>	<i>Yard Signs</i>	<i>495⁴⁵</i>
10/7/10	ID# CK#	<i>KLTN/FM 100 Radio 24443 Hwy 128 Elkader, IA 52043</i>	<i>Radio Ads</i>	<i>1,296⁰⁰</i>
10/7/10	ID# CK#	<i>Chilton County Register 106 Cedar St NW Elkader, IA 52043</i>	<i>Newspaper Ad</i>	<i>114⁰⁰</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				<i>\$ 2,150⁴⁸</i>

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

RESET

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McCartney For Supervisor

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,250⁰⁰**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ _____

From Schedule E - TOTAL LOANS FORGIVEN

\$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1,250⁰⁰

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(for Schedule F)